

**BEFORE THE FLORIDA JUDICIAL QUALIFICATIONS COMMISSION  
STATE OF FLORIDA**

INQUIRY CONCERNING  
A JUDGE  
NO. 00-143

Supreme Court Case No.: SC00-2226

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**SUBPOENA DUCES TECUM FOR DEPOSITION**

THE DISTRICT OF COLUMBIA:

TO: Dr. John Wylie  
3801 Northampton Street, NW  
Washington, DC 20015-2963

YOU ARE HEREBY COMMANDED to appear before a person authorized by law to take depositions, at **3801 Northampton Street, NW, Washington, DC, on September 19, 2001, at 12:00 p.m.**, for the taking of your deposition in the above styled cause and to have with you at said time and place the following:

**SEE ATTACHED**

If you fail to appear, you may be in contempt of Court. You are subpoenaed to appear by the following attorneys and unless otherwise excused from this Subpoena by these attorneys or the Court, you shall respond to this Subpoena as directed.

WITNESS my hand and the seal of said Court \_\_\_\_\_,  
2001.

MICHAEL S. RYWANT  
For the Court

(Court Seal)

By: \_\_\_\_\_

MICHAEL S. RYWANT, Esquire  
Florida Bar No.: 240354  
RYWANT, ALVAREZ, JONES, RUSSO  
& GUYTON, P.A.  
P.O. Box 3283  
Tampa, Florida 33601  
(813) 229-7007  
Attorneys for Respondent

## ATTACHMENT

**RE: PATIENT:** Mark Johnson

1. All medical records, office records, doctors' and nurses' notes, and all other data pertaining to the diagnosis, treatment and care of the above patient, rendered by the witness.
2. All medical records, office records, doctors' and nurses' notes, and all other data pertaining to the diagnosis, treatment and care of the above patient, rendered by any other health care providers that are in the possession of the witness.
3. All reports rendered by the witness to any party concerning the diagnosis, care and treatment of the above patient.
4. All reports or correspondence prepared for attorneys by the witness, and all correspondence received by the witness from attorneys.
5. All patient information forms or questionnaires, or any other information provided by the patient.
6. A current bill for all services rendered by the witness pertaining to the diagnosis, treatment and care of the above patient.
7. A current statement indicating the total amount of the bill that has been paid and by whom.
8. Any and all x-rays and/or MRI films taken of the above patient by the witness or by any other health care providers that are in the possession of the witness.
9. All records requested should be all inclusive and should in no way be limited to one incident.
10. All emergency room records, notes, hospital records and all other data pertaining to diagnosis, treatment and care of the above-named patient.
11. EVERY WRITTEN PIECE OF PAPER INCLUDED WITHIN THE PATIENT'S CHART, INCLUDING A COPY OF ANY NOTATIONS ON THE FILE JACKET.